

CLAIMS ONLY

Application Number
16161456(p)

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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49							
50							
Total Indep	5		5				
Total Depend	9	9	9				
Total Claims	14	14					